



## Financial questionnaire

### TAF Insurance

You have applied for insurance from TAF with a high insured amount (or several insurance policies which, when added together, form a high insured amount). Therefore, the insurer would like to assess whether the insured amount matches the amount required to cover the financial consequences of death. This is required by the supervisory authority Autoriteit Financiële Markten (AFM), De Nederlandsche Bank (DNB) and the insurer, among others. We therefore ask you to complete this financial questionnaire.

**Have you completed and signed the financial questionnaire?**

Then please send it, including the requested documents, by e-mail to [info@taf.nl](mailto:info@taf.nl).

**Do you need help filling in the financial questionnaire?**

Your financial advisor will be pleased to help you. Of course, you can also contact us. We are available on weekdays from 9 a.m. to 5 p.m. on telephone number 040-707 38 90 or e-mail address [info@taf.nl](mailto:info@taf.nl).



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# Financial questionnaire

## TAF Insurance

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### 2.2. Purpose of the insurance: Care for next of kin

What calculation (numerical justification) underlies the sum insured? Please include how the monthly/annual provision was calculated and how long it is needed.

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Are you a self-employed entrepreneur/DGA?

No  Yes

If yes, Name of the company: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Website of the company: \_\_\_\_\_

What is your position within the company: \_\_\_\_\_

What duties do you have within the company: \_\_\_\_\_

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If you are a shareholder or partner, what percentage of shares do you own: \_\_\_\_\_ %

Number of shareholders/partners: \_\_\_\_\_

Is there already a survivor benefit provision in place (e.g. via your employer/ pension agreement)?

No  Yes

If so, how much is the monthly payment? € \_\_\_\_\_

tip: see [www.mijnpensioenoverzicht.nl](http://www.mijnpensioenoverzicht.nl)

#### Documents to be supplied:

- *When you are in paid employment:*
  - Annual statements or income tax returns from the past three years
  
- *When you are a start-up (< 3 years self-employed entrepreneur):*
  - Annual statements from the past 3 years
  - Excerpt from the Chamber of Commerce
  - Extract UBO register or UBO statement
  - Profit forecast
  
- *When you are a self-employed entrepreneur (> 3 years)*
  - Income tax returns from the past 3 years
  - Excerpt from the Chamber of Commerce
  - Extract UBO register or UBO statement
  - Organization chart
  
- *When you are a DGA*
  - Income tax returns from the past 3 years
  - Annual figures of the past 3 years
  - Excerpt from the Chamber of Commerce
  - Extract UBO register or UBO statement
  - Organization chart

Continue to section 3.







# Financial questionnaire

## TAF Insurance

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### 2.5. Purpose of the insurance: Keyman-insurance

Name of the company: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Company website: \_\_\_\_\_

What is your position within the company: \_\_\_\_\_

What duties do you have within the company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you start working for the company? \_\_\_\_\_

Why are you considered a keyman? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What calculation (numerical justification) underlies the sum insured? Please include what annual amount is needed and for how long.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there several keyman in the company?  No  Yes

If so, are they also covered by term life insurance?  No  Yes

If not, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Documents to be supplied:

- Excerpt from the Chamber of Commerce
- Extract UBO register or UBO statement
- Organisation chart
- Annual figures for the past 3 years
- Annual statements or tax returns for the past 3 years from the Keyman

**Continue to section 3.**



# Financial questionnaire

## TAF Insurance

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### 2.6. Purpose of the insurance: Business loan

Name of the company: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Company website: \_\_\_\_\_

What is your position within the company: \_\_\_\_\_

What duties do you have within the company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are a shareholder or associate, what percentage of shares do you hold: \_\_\_\_\_ %

Number of shareholders/associates: \_\_\_\_\_

What was the turnover, gross and net profit of the company in the last 3 years?

Turnover:	2020: €	2021: €	2022: €
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Gross profit:	2020: €	2021: €	2022: €
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Net profit:	2020: €	2021: €	2022: €
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What is the purpose of the loan? \_\_\_\_\_

What is the amount of the loan? \_\_\_\_\_ €

What is the term? \_\_\_\_\_

What are the repayment conditions? \_\_\_\_\_

Who is the lender? \_\_\_\_\_

#### Documents to be supplied:

- Proof of loan
- Excerpt from the Chamber of Commerce
- Extract UBO register or UBO statement
- Organisation chart
- Annual figures of the company for the past 3 years
- Annual statements or tax returns from the past 3 years from the insured party

**Continue to section 3.**







# Financial questionnaire

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### 3. Criminal record

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Have you, or another party involved in this insurance, been in contact with the police or judicial authorities in the past 8 years for (co-) committing an offence? Or are you currently involved in a judicial investigation?

No     Yes

If yes, please explain:

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### 4. Signing

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I hereby declare that I have answered the above questions truthfully and completely and agree that this questionnaire together with the application will form the basis of the agreement between me and TAF BV.

I am aware that if I conceal data, or provide incorrect or incomplete information, the insurance application may be terminated.

Date:             /          /                  

Location:

Signature insured:

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